

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-00220
Date:	9-2-2022
Amount Paid:	\$125 6-14-22 Res Princ Stru JTB
Other:	\$115 7-21-2022 TBR
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application **MUST** be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED	<input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name:	Mailing Address:	City/State/Zip:	Telephone:
Travis Duggar	1503 9th Ave W.	Ashland, WI 54806	
Address of Property:	City/State/Zip:		Cell Phone:
Parcel off Dexter Rd	Washburn, WI 54891		715-292-1041
Email: (print clearly)			
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
NA	NA	NA/Cady Plumbing	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Required (for Agent)
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#	Recorded Document: (Showing Ownership)
AE 1/4, AW 1/4		30693	
Gov't Lot	Lot(s)	CSM	Vol & Page
			CSM Doc #
			Lot(s) #
			Block #
Section 9	Township 48 N, Range 5 W	Town of:	Subdivision:
		Washburn	
		Lot Size	Acres
			40.203

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: 40' 323' feet	Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$40,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type:	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/> NA
	<input type="checkbox"/> Relocate (existing bldg)		<input checked="" type="checkbox"/> gravel Use	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Year Round	<input type="checkbox"/> Portable (w/service contract)		
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		
				<input type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 56'	Width: 16'	Height: 14'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(16 x 56)	4100
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2nd) Porch	(X)	
	with a Deck	(X)	
<input type="checkbox"/> Commercial Use	with (2nd) Deck	(X)	
	with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/> Addition/Alteration (explain)	(X)	
	<input type="checkbox"/> Accessory Building (explain)	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/> Special Use: (explain)	(X)	
	<input type="checkbox"/> Conditional Use: (explain)	(X)	
	<input type="checkbox"/> Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5/8/22

Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

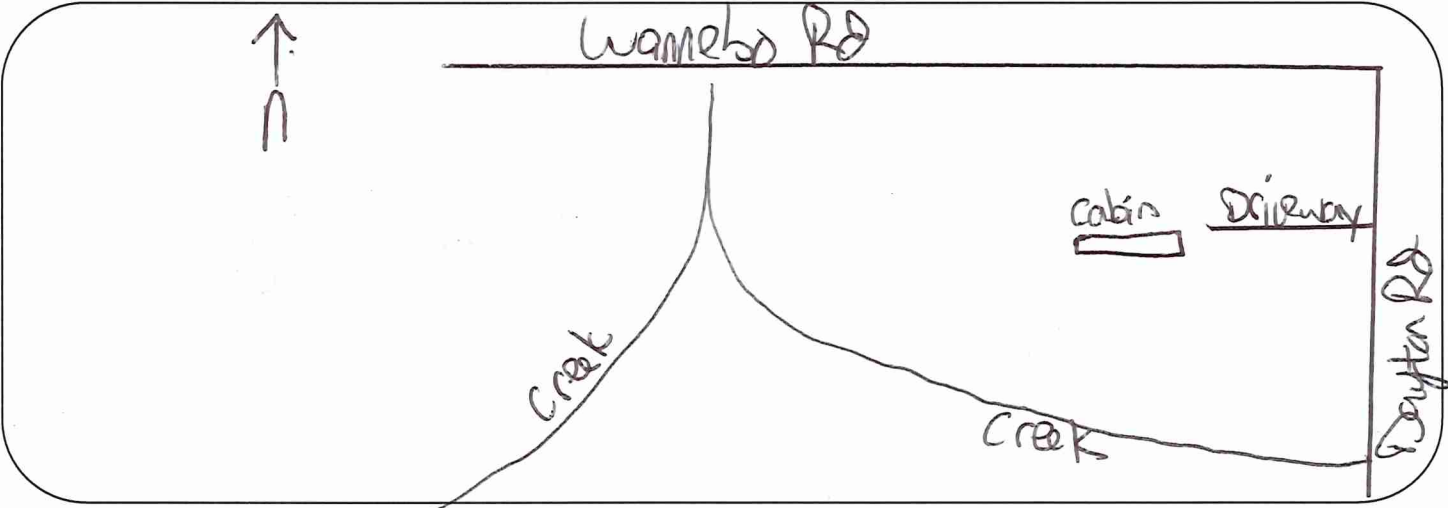
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	195 Feet	Setback from the Lake (ordinary high-water mark)	1111 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	303 Feet
		Setback from the Bank or Bluff	300 Feet
Setback from the North Lot Line	050 Feet	Setback from Wetland	811 Feet
Setback from the South Lot Line	1047 Feet	20% Slope Area on the property	Yes No
Setback from the West Lot Line	1047 Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	167 Feet		
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	1111 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 22-11105	# of bedrooms: 1	Sanitary Date: 8-31-2022		
Permit Denied (Date):		Reason for Denial:				
Permit #: 22-0230		Permit Date: 9-2-2022				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:				
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Area demarked + prepped for building				Zoning District (F-1) Lakes Classification ()		
Date of Inspection: 7-22-2022		Inspected by: GYM		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) To meet all setbacks, including eaves and overhangs. For personal residence only. See attached Town Conditions. State/OWE permits may be needed. Must obtain a Uniform Dwelling Code (UDC) permit from locally contracted UDC inspection agency prior to start of construction.						
Signature of Inspector: Bruce Mulgrew				Date of Approval: 8-15-2022		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext



When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Date Zoning Received (Stamp Here)

JUL 13 2022

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a Class A special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner Tennis Dugger Contractor N/A
Property Address Parcel 10th of Dayton Rd Authorized Agent _____
Telephone 715-222-1041 Agent's Telephone _____
Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in **this request** (specify **only** the property involved with this application)

NE 1/4 of AW 1/4, Section 9, Township 48 N., Range 5 W. Town of Washburn

Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____

Volume _____ Page _____ of Deeds Tax I.D.# 30693 Acreage 40

Additional Legal Description: _____

Applicant: (State what you are asking for) **Zoning District:** _____ **Lakes Classification** _____

Building Relocation

We, the Town Board, **TOWN OF** WASHBURN, do hereby recommend to

☒ **Table**

☒ **Approval**

☐ **Disapproval**

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

See attached letter for recommendation for approval

**** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:**

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman Sandra J. Rozdolnik

Supervisor: David C. Pelt

Supervisor: Stella Sandstrom

Supervisor: _____

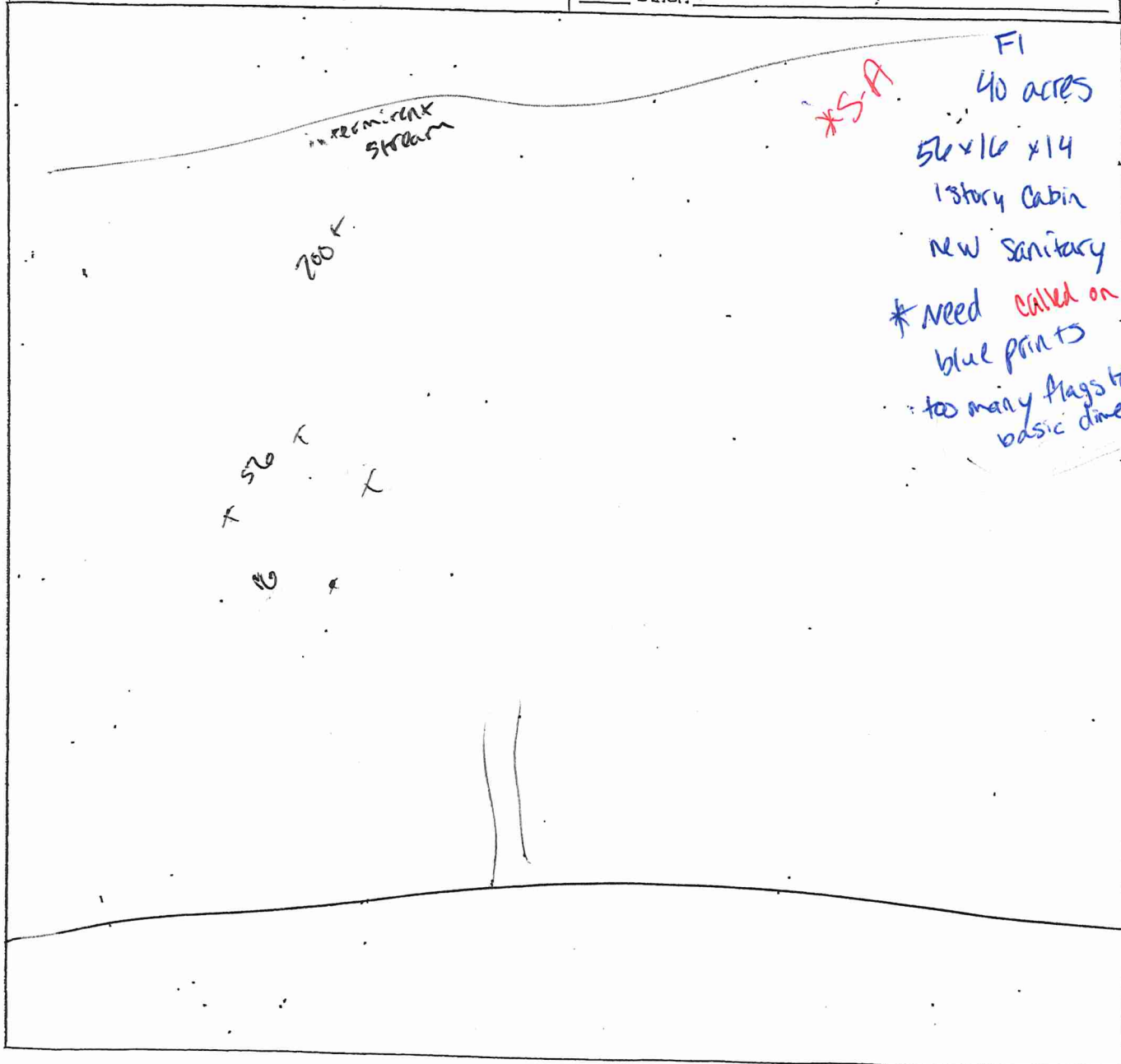
Clerk: Kelly E. Evans

Date: 7-12-2022

Field Investigation

4

Date: 6-21-22	Arrive: 10:50	Depart: 11:00
Landowner: Dugger, Travis	Photos taken: Yes	No
Project Location: 2635 Warrick Rd	Persons Present: CM	
Waterway: East neighbor	Purpose of visit	
PIN# _____ *Attach Real Estate Inquiry*	<input type="checkbox"/> ZP Onsite <input type="checkbox"/> SAP <input type="checkbox"/> Sanitary <input type="checkbox"/> Wetland Delineation <input type="checkbox"/> Floodplain <input type="checkbox"/> OHWM <input type="checkbox"/> Boathouse <input type="checkbox"/> Complaint <input type="checkbox"/> Averaging <input type="checkbox"/> Walkout <input type="checkbox"/> Other: _____	
Paid \$ _____	Receipt # _____	



Bedroom 16x16
Bathroom 10x6
Windows 52w x 40H
Bath window 24w x 36H

* = outlet
* = outside light
3/6 Front Door
4th Door

RECEIVED

JUN 24 2022

Bayfield Co.
Planning and Zoning Agency

16x56 Total Size



Travis Duggan
715-282-1041

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **22-106S**
SIGN –
SPECIAL (TBA) – **(Town of Washburn-7/13/2022)**
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0220** Issued To: **Travis Dugger**

Location: **NE** ¼ of **NW** ¼ Section **9** Township **48** N. Range **5** W. Town of **Washburn**
In Doc# 2021R-586530

Gov't Lot	Lot	Block	Subdivision	CSM#
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Residential Structure in F-1 zoning district

For: **[1- Story w/Loft): Residence (56'x16') = 1,100 sq. ft. Height of 14'.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): For personal residence only. Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain all setbacks including eaves and overhangs. State/DNR permit may be required. Town Conditions (are on back of this card).

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Erica Meulemans, AZA

Authorized Issuing Official

September 2, 2022

Date

Town of Washburn recommends approval provided these conditions are added to the permit:

- **The southwest corner of the building should be no closer than 35 feet from the slope edge (GPS coordinates 46.65828°N, 91.00124°W)**
- **Remove the two large piles of trees stumps and limbs from the edges of the slope.**
- **Restore ground cover vegetation between the building site and the slope.**
- **Place the proposed holding tank in an area that is not between the building and the slope in order to avoid adding weight and soil disturbance near the slope.**
- **Direct surface runoff water eastward in order to avoid creating gullies and flow toward the steep slope.**